

Missouri Office of Administration

FFY17 A2A Quarterly Expenditure Report

Agency: Nurses for Newborns

CS170042009

Program Year July 1, 2016 - September 30, 2017

Revenue

Federal (TANF)

Revenue Request

\$ 55,128.86

Indirect Administrative Costs Calculations

Option 1: Federally Negotiated Indirect Cost Rate (FNICR)

Application Base:

\$ -

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

Total Indirect Administrative Costs

\$ -

OR

Option 2: 10% De Minimus (use if no FNICR)

Application Base: Modified Total Direct Administrative Cost

\$ 7,566.00

10%

Total Indirect Administrative Costs

\$ 756.60

Direct Administrative Costs

Federal (TANF)

Program Salaries and Wages

\$ 6,082.00

Employee Benefits

\$ 1,006.00

Employee Travel

\$ 478.00

Employee Training

\$ -

Office Rent/Space

\$ -

Office Utilities

\$ -

Facility Insurance

\$ -

Office Supplies (under \$5,000)

\$ -

Equipment (Capitol Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ -

Office Repairs and Maintenance

\$ -

Contract/Consulting

\$ -

Other (list):

\$ -

(add other categories as needed)

\$ -

Total Direct Administrative Cost

\$ 7,566.00

Less:

Equipment (Capital Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

Modified Total Direct Administrative Cost

\$ 7,566.00

Participant Services

Federal (TANF)

Transportation

\$ 4,598.00

Job Training

Tuition Assistance

Contracted Residential Care

Utility Assistance

\$ 12,449.80

Emergency Shelter

Housing Assistance

\$ 28,010.88

Car Repairs

\$ 202.00

Car Payment Assistance

\$ 1,369.59

Supplies

\$ 175.99

(add others as needed)

Total Participant Costs

\$ 46,806.26

I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.

Signature of Authorized Representative of Nurses for Newborns

Date

Megan Lengeuman

4/12/17

Alternatives to Abortion Invoice

Contract #	<u>CS170042009</u>	Vendor Name:	<u>Nurses for Newborns</u>
Vendor Number:	<u>43160132900/MB00094264</u>	Vendor Address:	<u>7259 Lansdowne Ste 100</u>
			<u>St. Louis, MO 63119</u>

Bill To: Office of Administration
Commissioner's Office
201 W. Capitol Ave, Room 125
Jefferson City, MO 65101

Invoice Number: 42017
Invoice Date: 4/1/17
Service Period: _____

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 132,565.40	\$ 53,026.16	\$ 26,513.08
Quarterly expenditure adjustment:		\$ 2,102.70
Total Due:		\$ 28,615.78
Allocation Remaining		\$ 50,923.46

Signature: 